

FILED NOV 16 1948

Registration District No. _____

Primary Registration District No. **3021**

Registrar's No. **151**

1. PLACE OF DEATH

(a) County **Grundy**
(b) City or town **TRENTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **III COUNTRY CLUB PLACE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days) **69 yrs**

In this community _____
years, months or days

3. (a) PRINT FULL NAME

HOMER JUDSON BAIN

3. (b) If veteran, _____
name war _____

3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **FERN HUBBARD BAIN** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 9, 1879**
(Month) (Day) (Year)

8. AGE: Years **69** Months **1** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Grundy Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **LAWYER**

11. Industry or business **LAW PRACTICE**

12. Name **O. G. BAIN**

13. Birthplace **Grundy Co Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **K. D. B. BRANSON**

15. Birthplace **Grundy Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **X J. A. Bain**

(b) Address **TRENTON, MO**

17. (a) **BURIAL** (b) Date thereof **10-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MAPLE GROVE**

18. (a) Signature of funeral director **Raymond Davis**

(b) Address **Denton Mo**

19. (a) **10-19-48** (b) **Frederick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Grundy**
(c) City or town **TRENTON**
(If outside city or town limits, write "RURAL")
(d) Street No. **111 COUNTRY CLUB PLACE**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17** #
year **1948** hour **5:55** minute **AM**

21. I hereby certify that I attended the deceased from **Feb 1947** 19 **Sept 17** 19 **48**
that I last saw him alive on **9-17-** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Edema of Lungs

Due to **Congestive Heart Disease**

Due to **Atherosclerosis**

Other conditions **Chronic Nephritis**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy **13/13**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work _____ (e) Means of injury **MI**

23. Signature **Frederick** (M. D. or other) **MD**

Address **Trenton Mo** Date signed **10-19-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

DEC 23 1934

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

William L. Richardson Registered Apprentice No. 271
working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.